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Date of Signature
and Deposit:

1/9/02

Jan C. Baker

Attorney of Record



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Michael N. Gould, et al.
Serial No.: 10/014,724
Filed: November 7, 2001
For: MONOTERPENES AND SESQUITERPENES AS
CHEMOTHERAPEUTIC AND RADIATION
SENSITIZERS AND IMMUNOMODULATORS
Group Art Unit: --
Examiner: --

Refund Section, Financial
Account Division, Office of Finance
Commissioner For Patents
Washington, D.C. 20231

REQUEST FOR REFUND (37 C.F.R. 1.28(a))

Dear Sir:

I. SUBMISSION OF SMALL ENTITY STATEMENT

The undersigned attorney asserts that the above-identified application is entitled to small entity status.

II. REFUND REQUEST

This request for refund is made within three months of the date a fee was paid in this application on November 7, 2001 in the amount of \$902.00.

III. FEES PAID FOR WHICH REFUND REQUESTED

	AMOUNT OF REFUND REQUESTED
<input checked="" type="checkbox"/> filing fee	\$451.00
<input type="checkbox"/> surcharge for filing the basic filing fee on a date later than the filing date of the application (37 CFR 1.16(e))	
<input type="checkbox"/> surcharge for filing the oath or declaration on a date later than the filing date of the application (37 CFR 1.16(e))	

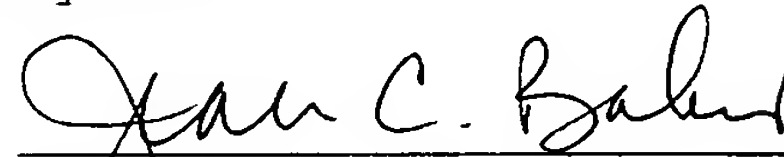
<input type="checkbox"/> extension of term	_____
<input type="checkbox"/> issue fee	_____
<input type="checkbox"/> patent maintenance fee	_____
<input type="checkbox"/> first maintenance fee	_____
<input type="checkbox"/> second maintenance fee	_____
<input type="checkbox"/> third maintenance fee	_____
<input type="checkbox"/> patent maintenance fee surcharge.	_____
<input type="checkbox"/> other	_____
TOTAL REFUND REQUESTED	<u>\$451.00</u>

IV. MANNER OF REFUND

Please make refund by

☐ crediting Account No. 17-0055

☐ refunding overpayment



Signature of attorney

Reg. No.: 35,433.

Jean C. Baker

Type or print name of attorney

Quarles & Brady LLP

Tele. No.: (414) 277-5709 411 East Wisconsin Avenue

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